

Attorney Docket No.: **ABLE-0014**

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **SKIN PENETRATION ENHANCING COMPONENTS** the specification of which:

() is attached hereto.

(XX) was filed on 5 November 1998 as Application Serial No. PCT/GB98/03317 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of any application on which priority is claimed:

| Country | Number | Date Filed | Priority Claimed | | |
|---------------|-----------|-------------|------------------|---|----|
| Great Britain | 9723669.9 | 7 Nov. 1997 | Yes | X | No |
| | | | Yes | | No |

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Serial No. | Filing Date | Status (pending, patented) |
|------------------------|-------------|----------------------------|
| | | |
| | | |
| | | |

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Jane Massey Licata**, Registration No. 32,257, **Kathleen A. Tyrrell**, Registration No. 38,350, and **Laura M. Plunkett**, Registration No. 45,015 of the firm of **Law Offices of Jane Massey Licata**, 66 East Main Street, Marlton, New Jersey 08053, and

Address all telephone calls and correspondence to:

Jane Massey Licata, Esq.
Law Offices of Jane Massey Licata
66 East Main Street
Marlton, New Jersey 08053

Telephone No.: (856) 810-1515

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the

United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | | |
|---|---|---|--------------------------|
| 1 | Full Name: <u>Anthony David Ormerod</u> | Inventor's Signature: <u>A. Ormerod</u> | Date: <u>31/05/00</u> |
| | Residence: 12 Kemnay Place Aberdeen AB15 8SB United Kingdom GBX | Citizenship: United Kingdom | |
| | Post Office Address: Same as above. | | |
| 2 | Full Name: <u>Arthur Winfield</u> | Inventor's Signature: <u>Arthur Winfield</u> | Date <u>07/06/00</u> |
| | Residence: Flat 495, Staff Residences Shuwaikh Campus Kuwait University, Kuwait KW X | Citizenship: United Kingdom | |
| | Post Office Address: Same as above. | | |
| 3 | Full Name: | Inventor's Signature: | Date |
| | Residence: | Citizenship: | |
| | Post Office Address: Same as above. | | |
| 4 | Full Name: | Inventor's Signature: | Date |
| | Residence: | Citizenship: | |
| | Post Office Address: Same as above. | | |